

Edgar Lee WARREN, in pro per  
Inmate ID: 137286  
Butte County Jail - B-Pod-66-L-  
35 COUNTY CENTER DR.  
OROVILLE, CA 95965

FILED  
08 JUN 26 PM 3:18  
CLERK OF DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Edgar Lee WARREN

Plaintiff,

vs.

Governor HIRNOLD  
SCHWIZENEGGER,  
Butte County Jail Defendant.

CASE NO. C08-3078 MHP

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

I, Edgar Lee WARREN, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 I have never worked and  
 5 Edgar Lee Warrren was on SSI in 2004#  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 N/A  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income: \_\_\_\_\_

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- 1 b. List the persons other than your spouse who are dependent upon you for  
 2 support and indicate how much you contribute toward their support. (NOTE:  
 3 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4 THEIR NAMES.).

5 NONE  
 6 \_\_\_\_\_

7 5. Do you own or are you buying a home? Yes \_\_\_\_ No X

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6. Do you own an automobile? Yes \_\_\_\_ No \_\_\_\_

10 Make NONE Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7. Do you have a bank account? Yes \_\_\_\_ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 NONE

16 Present balance(s): \$ N/A

17 Do you own any cash? Yes \_\_\_\_ No X Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_\_ No X

20 NONE

21 8. What are your monthly expenses?

22 Rent: \$ NONE Utilities: \_\_\_\_\_

23 Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 Charge Accounts:

25	Name of Account	Monthly Payment	Total Owed on This Acct.
26	<u>NONE</u>	\$ _____	\$ _____
27	_____	\$ _____	\$ _____
28	_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

None

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

When I was at the Jail at Los Angeles, CA  
I had an attorney file something I don't know  
what the outcome is I cannot guarantee attorney fees

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

June 23-2008

Edgar Lee Warren

DATE

SIGNATURE OF APPLICANT

My attorney name in the other case is:  
 MR. FRDERICK A. MCNEILL  
 Phone number (310) 497-2124  
 2011 ARLINGTON AV  
 LOS ANGELES, CA 90018

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**

**IN**

**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Edgar Lee Warren for the last six months at

[prisoner name]

Butte County Jail where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 2 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 55 &.

Dated: June 23, 2008

[Authorized officer of the institution]

Sergeant and Officer here at Butte County Jail on the date June 19-2008 say they is not going to put any submit a certificate of funds in Prisoner's account Prison any more and Sergeant and Officer the is not going to attach a copy of your Edgar Lee Warren Prisoner trust account statement showing transactions for the last six months and Warren have all of 13-Pad here at Butte County Jail as witnesses on this issues and Warren have any money on his books six months but 55 & so send what he got that showing in this Jail and that all I can do and so on and so on.  
Signature Edgar Lee Warren Dated June 23-2008